

Confidential



FIRE FATALITY REPORT FORM
OFFICE OF THE STATE FIRE MARSHAL

VICTIM INFORMATION																																								
LAST NAME		FIRST NAME		MIDDLE INITIAL																																				
ADDRESS																																								
CITY		STATE		ZIP CODE																																				
AGE		DATE OF BIRTH		GENDER																																				
LOCATION																																								
INCIDENT DATE		TIME OF DAY		INCIDENT NUMBER																																				
INCIDENT ADDRESS																																								
CITY		STATE		ZIP CODE																																				
AUTHORITY HAVING JURISDICTION		FIRE DEPARTMENT ID NUMBER (NFIRS)		COUNTY REGION																																				
REPORTING AGENCY		REPORTING PERSON		PHONE																																				
OCCUPANCY: RENTED: <input type="checkbox"/> YES <input type="checkbox"/> NO OWNED: <input type="checkbox"/> YES <input type="checkbox"/> NO				DOLLAR LOSS:																																				
INCIDENT INFORMATION																																								
ORIGIN OF IGNITION <input type="checkbox"/> INTENTIONAL <input type="checkbox"/> UNINTENTIONAL <input type="checkbox"/> FAILURE OF EQUIPMENT OR HEAT SOURCE <input type="checkbox"/> ACT OF NATURE <input type="checkbox"/> CAUSE UNDER INVESTIGATION <input type="checkbox"/> CAUSE UNDETERMINED AFTER INVESTIGATION		SOURCE OF IGNITION <input type="checkbox"/> CANDLE <input type="checkbox"/> CHILD WITH ACCESS TO IGNITION DEVICE <input type="checkbox"/> COOKING <input type="checkbox"/> DRUG MANUFACTURING / LAB <input type="checkbox"/> ELECTRICAL DISTRIBUTION <input type="checkbox"/> ELECTRICAL APPLIANCE <input type="checkbox"/> OTHER: <input type="checkbox"/> FIREWORKS <input type="checkbox"/> HOME HEATING <input type="checkbox"/> SMOKING <input type="checkbox"/> VEHICLE COLLISION <input type="checkbox"/> UNDETERMINED HEAT SOURCE																																						
HUMAN FACTORS <input type="checkbox"/> ASLEEP <input type="checkbox"/> POSSIBLE IMPAIRED BY ALCOHOL OR DRUGS <input type="checkbox"/> UNATTENDED OR UNSUPERVISED PERSON <input type="checkbox"/> POSSIBLY MENTALLY DISABLED <input type="checkbox"/> PHYSICALLY DISABLED <input type="checkbox"/> MULTIPLE PERSONS INVOLVED <input type="checkbox"/> AGE WAS A FACTOR		FEATURES OF FIRE PROTECTION SMOKE ALARM/DETECTORS: <input type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> OPERATIONAL <input type="checkbox"/> NOT OPERATIONAL FIRE SPRINKLERS: <input type="checkbox"/> PRESENT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> ACTIVATED <input type="checkbox"/> NOT ACTIVATED																																						
OCCUPANCY TYPE (UNIFORM BUILDING CODE) <table border="0"><tr><td><input type="checkbox"/> A-1</td><td><input type="checkbox"/> F-1</td><td><input type="checkbox"/> I 1.1</td><td><input type="checkbox"/> S-2</td></tr><tr><td><input type="checkbox"/> A-2</td><td><input type="checkbox"/> F-2</td><td><input type="checkbox"/> I 1.2</td><td><input type="checkbox"/> S-3</td></tr><tr><td><input type="checkbox"/> A-2.1</td><td><input type="checkbox"/> H-1</td><td><input type="checkbox"/> I-2</td><td><input type="checkbox"/> S-4</td></tr><tr><td><input type="checkbox"/> A-3</td><td><input type="checkbox"/> H-2</td><td><input type="checkbox"/> I-3</td><td><input type="checkbox"/> S-5</td></tr><tr><td><input type="checkbox"/> A-4</td><td><input type="checkbox"/> H-3</td><td><input type="checkbox"/> LC</td><td><input type="checkbox"/> U-1</td></tr><tr><td><input type="checkbox"/> B</td><td><input type="checkbox"/> H-4</td><td><input type="checkbox"/> M</td><td><input type="checkbox"/> U-2</td></tr><tr><td><input type="checkbox"/> E-1</td><td><input type="checkbox"/> H-5</td><td><input type="checkbox"/> R-1</td><td></td></tr><tr><td><input type="checkbox"/> E-2</td><td><input type="checkbox"/> H-6</td><td><input type="checkbox"/> R-3</td><td></td></tr><tr><td><input type="checkbox"/> E-3</td><td><input type="checkbox"/> H-7</td><td><input type="checkbox"/> S-1</td><td></td></tr></table>				<input type="checkbox"/> A-1	<input type="checkbox"/> F-1	<input type="checkbox"/> I 1.1	<input type="checkbox"/> S-2	<input type="checkbox"/> A-2	<input type="checkbox"/> F-2	<input type="checkbox"/> I 1.2	<input type="checkbox"/> S-3	<input type="checkbox"/> A-2.1	<input type="checkbox"/> H-1	<input type="checkbox"/> I-2	<input type="checkbox"/> S-4	<input type="checkbox"/> A-3	<input type="checkbox"/> H-2	<input type="checkbox"/> I-3	<input type="checkbox"/> S-5	<input type="checkbox"/> A-4	<input type="checkbox"/> H-3	<input type="checkbox"/> LC	<input type="checkbox"/> U-1	<input type="checkbox"/> B	<input type="checkbox"/> H-4	<input type="checkbox"/> M	<input type="checkbox"/> U-2	<input type="checkbox"/> E-1	<input type="checkbox"/> H-5	<input type="checkbox"/> R-1		<input type="checkbox"/> E-2	<input type="checkbox"/> H-6	<input type="checkbox"/> R-3		<input type="checkbox"/> E-3	<input type="checkbox"/> H-7	<input type="checkbox"/> S-1		OTHER <input type="checkbox"/> VEHICLE <input type="checkbox"/> OUTSIDE
<input type="checkbox"/> A-1	<input type="checkbox"/> F-1	<input type="checkbox"/> I 1.1	<input type="checkbox"/> S-2																																					
<input type="checkbox"/> A-2	<input type="checkbox"/> F-2	<input type="checkbox"/> I 1.2	<input type="checkbox"/> S-3																																					
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<input type="checkbox"/> E-3	<input type="checkbox"/> H-7	<input type="checkbox"/> S-1																																						
REMIT INFORMATION WITHIN 48-HR <u>WRITTEN</u> NOTIFICATION ♦ 48-HR <u>VERBAL</u> NOTIFICATION																																								
RETURN: ATTENTION: MELISSA GANNIE • PO BOX 42600 • OLYMPIA WA 98504-2600																																								

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